



Patent  
Attorney's Docket No.: 13907-021002 / 2002P10180US

### COMBINED DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled:

### COLLABORATIVE DESIGN PROCESS

the specification of which:

- is attached hereto.  
 was filed on July 17, 2003.  
 under Application No. 10/622,360  
 with Express Mail No. \_\_\_\_\_ (Application Number not yet known).  
 was described and claimed in PCT International Application No. \_\_\_\_\_.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

U.S. Serial No.	Filing Date	Status
60/367,718	03/21/2002	Pending

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Serial No.	Filing Date	Status
10/306,718	11/27/2002	Abandoned

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Country	Application No.	Filing Date	Priority Claimed
NONE			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I hereby appoint all registered practitioners associated with **Customer Number 32864** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to:

**Customer Number 32864**

Direct all telephone calls to TIM H. PHAM, Reg. No. 48,589, at telephone number (650) 839-5070.

For Assigned Inventions: I understand that the purpose of making this appointment is to permit prosecution of patent applications for the above-identified invention for the benefit of my assignee, and that this appointment does not create an attorney-client relationship between me and these appointees.

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Full Name of Inventor: WOLFGANG KALTHOFF

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Citizenship: Germany  
Post Office Address: Max-Reger-Ring 27  
76669 Bad Schonborn  
Germany

Full Name of Inventor: GUENTER HUBER

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Residence Address: Oberkirch, Germany  
Citizenship: Germany  
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Full Name of Inventor: GUIDO HOECKELE

*Guido Hoekelle* \_\_\_\_\_ Date: 2003-11-14  
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Germany

Full Name of Inventor: THOMAS VOGT

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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Citizenship: Germany  
Post Office Address: Dr. Rieth-Str. 73  
D-67354 Roemerberg  
Germany

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Full Name of Inventor: BEATE KOCH

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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Citizenship: Germany  
Post Office Address: Hauaeckerstr. 19  
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Germany

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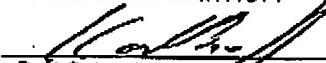
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Full Name of Inventor: WOLFGANG KALTHOFF

Inventor's Signature: 

Date: 5.12.03

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Full Name of Inventor: GUENTER HUBER

Inventor's Signature: 

Date: \_\_\_\_\_

Residence Address: Oberkirch, Germany

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Post Office Address: Jorg von Schauenburg Strasse 6

77704 Oberkirch  
Germany

Full Name of Inventor: GUIDO HOECKELE

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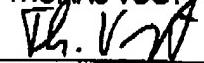
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Full Name of Inventor: THOMAS VOGT

Inventor's Signature: 

Date: 13.11.03

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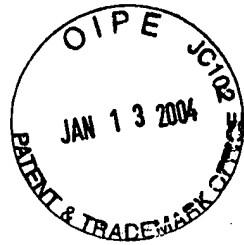
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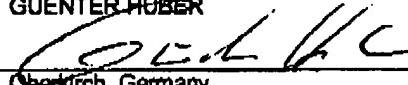
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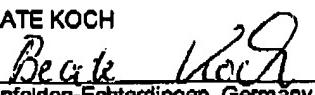
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Beate Koch

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